



2/21/06

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 01-04-06

Marianne Boland
Marianne Boland

In Re Application of:

Magoon, *et al.*

Serial No.: 09/823,299

Filed: March 30, 2001

Confirmation No.: 6843

Group Art Unit: 2634

Examiner: Williams, Lawrence

Docket No. 050321-1920

For: **Phase Adjustable Polyphase Filters**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Request For Continued Examination (RCE) Transmittal
Credit Card Payment Form in the amount of \$790.00
Submission To Accompany A Request For Examination

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Magoon, et al

Docket No.

050321-1920

Serial No.
09/823,299

March 30, 2001

Examiner
Williams, Lawrence

Confirmation No.
6843

Group Art Unit
2634

Invention: Phase Adjustable Polyphase Filters

Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is a Submission To Accompany A Request For Continued Examination in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	28 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: Request For Continued Examination (RCE)					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

David Rodack, Reg. No. 47,034

1-4-06
Date